


PLAINTIFF	JONATHAN BANKS	COURT CASE NUMBER	17-5423
DEFENDANT	JAMES OWENS, ET. AL.	TYPE OF PROCESS	Summons and Complaint

**SERVE**  **AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Sergeant Donald O'Hara, Badge # 0308

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
300 East Hunting Park Avenue, Philadelphia, PA 19124

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Jonathan Banks 6051 Webster Street Philadelphia, PA 19143	Number of process to be served with this Form - 285	1
	Number of parties to be served in this case	11
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of: \_\_\_\_\_

☒ PLAINTIFF ☐ DEFENDANT

TELEPHONE NUMBER (267) 575-2441

DATE 1/22/2018

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin 66	District to Serve 66	Signature of Authorized USMS Deputy or Clerk M. Helmsky	Date 3/27/18
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) Jasmine Lee, City of Phila Legal Dept	<input checked="" type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. <input type="checkbox"/> _____
Address (complete only if different than shown above) 1515 Arch St	
Date of Service 4-19-18	
Signature of U.S. Marshal or Deputy [Signature] 0683	

Service Fee 65-	Total Mileage Charges (including endeavors) —	Forwarding Fee —	Total Charges 65	Advance Deposits —	Amount owed to U.S. Marshal or IFP	Amount of Refund
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REMARKS:

